

**2000 QUESTION
NUMBER, IN
ORIGINAL ORDER**

Question Text

SINTRO_1	RESIDENTIAL Are you a member of this household and at least 18 years old? BUSINESS Is this phone number used for...
S3a	May I speak to a household member who is at least 18 years old?
S3OV	[IF RESPONDENT IS A CHILD, ASK FOR AN OLDER HOUSEHOLD MEMBER]
S5	We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. I now have a few questions that, altogether, should take between 3 and 5 minutes to answer.
WU1	Does anyone in your household have more than one job?
WU2	Does anyone in your household ever take public transportation to work?
S6	We're interested in talking to someone in the household in more depth about workplace family and medical leave. In order to do that, I need to list all the first names of members of your household, their ages, and genders. Let's start with you. May I have your name?

- S6VERF1. [VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ABOVE]
- P30 {Are you/Is this person} 18 years old or older?
- P31 What is {PERSON FROM MATRIX}'s month and year of birth?
- P31b {Have you/Has this person} been employed at all since January 1, 1999?
- P32 Since January 1, 1999, {have you/has this person} taken leave from work
· to care for a newborn, newly adopted, or new foster child;
· for reasons related to your or a family member's pregnancy; or
· for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.
- P33 Since January 1, 1999, {have you/has this person} needed to take leave from work but did not
· to care for a newborn, newly adopted, or new foster child;
· for reasons related to your or a family member's pregnancy; or
· for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? [A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.]
- S15AD In addition to {THIS TELEPHONE NUMBER}, are there any other telephone numbers in your household?
- S16 {Is this/Are these} number(s) for...

READMSG [PLEASE READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE]
This is {INTERVIEWER} calling on behalf of the U.S. Department of Labor. We are conducting a survey to ask you about workplace family and medical leave. Results will be used by the U.S. Department of Labor and others in assessing the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept confidential. We will call back within the next day or two. Thank you.

P20 Thank you very much, we are only interviewing in households with members who are 18 and over.

THANK 02 Thank you very much for the information. These are all the questions I have at this time.

INTRO2 [Hello] May I speak to {SELECTED RESPONDENT}? [I'm calling on behalf of the U.S. Department of Labor. We're conducting a study about workplace family and medical leave.]

NAME1 We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Results will be used to study the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

A1a I want to confirm with you that since January 1, 1999, you have taken leave from work:
· for the care of a newborn, newly adopted or new foster child;
· for reasons related to your or a family member's pregnancy; or
· for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.
Is this correct? [Have you taken leave from work for one or more of these reasons?]

A1b Since January 1, 1999, did you need but not take leave from work:
• for the care of a new child;
• for reasons related to your or a family member's pregnancy; or
• for yourself, your child, spouse, or parent because of a serious health condition? [A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.]

A1d Are you currently on this type of leave from work?

A2 How many leaves of this type have you taken since January 1, 1999?

A2a How about just since January 1, 2000, through today?

A3 Now I'm going to ask you some questions about the {leave/leaves} you have taken since January 1, 1999. What was the reason for the {leave/longest leave}?

A3a/1 OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]

A3a/8 OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

A3a/9 OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

- A3a/10 OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]
- A3a/11 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- A3a/12 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- A3b Did {you/your child/your spouse/your parent} require a doctor's care?
- A3c {Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?
- A3d Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]
- A3e Were you off work that entire time?
- A3f How much time were you actually away from work? [ENTRY SHOULD BE LESS THAN {ANSWER FROM QA3d}. IF RESPONSE IS GREATER, PLEASE VERIFY.]
- A3g How much time were you away from work after the birth of your child?
- A4 Now I'm going to briefly ask you about your other leave{s}. What was the reason for the second longest leave you have taken since January 1, 1999?
- A4a/1 OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]
- A4a/8 OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]

- A4a/9 OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]
- A4a/10 OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]
- A4a/11 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- A4a/12 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- A4b Did {you/your child/your spouse/your parent} require a doctor's care?
- A4c {Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?
- A4d Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]
- A4e Were you off work that entire time?
- A4f How much time were you actually away from work? [ANSWER SHOULD BE LESS THAN {ANSWER FROM QA4d}. IF GREATER, PLEASE VERIFY.]
- A4g How much time were you away from work after the birth of your child?
- A5 You said before that you took {NUMBER FROM QA2} leaves since January 1, 1999. We just asked you about your two longest leaves. What {was/were} the reason{s} for the {other/other {NUMBER FROM QA2 MINUS 2}} leave{s} you took since January 1, 1999? [CODE UP TO 4 RESPONSES.]
- A5b Sometimes people alternate between work and leave. That is, they repeatedly take leave for a few hours or days at a time because of ongoing family or medical reasons. Have you taken this kind of leave since January 1, 1999?

- A5c Was this kind of leave less than half, about half, or more than half of all the time you spent on family or medical leave since January 1, 1999?
- A6 Is your current leave the longest leave you have taken since January 1, 1999?
Was the leave you just told me about taken under the federal Family and Medical Leave Act?

{Please think about the most recent time you needed leave}. At the time you {took/took your longest/needed/most recently needed} leave, {do you think you were/Do you think you are} eligible to take advantage of the federal Family and Medical Leave Act?
- A7 I'm going to read you some reasons why some people might be worried about taking family or medical leave. For each of these, please tell me if you were worried. Were you worried about taking family or medical leave.
a. Because you thought you might lose your job if you took leave?
b. Because you thought taking leave might hurt your job advancement?
c. Because you would lose your seniority?
d. Because you worried about not having enough money to pay bills
- A8 Please think about the leave that lasted the longest when you answer the rest of the questions during this interview. Did you take the leave all at once or did you alternate between work and leave?
- A8a Did you take leave on a regular routine or as needed?
- A9 Did you lose any of your benefits during your leave or didn't you have any?
- A9a What benefits did you lose? [PROBE: Anything else?]
[CODE ALL THAT APPLY.]
- A10 Did you receive pay for any part of your {longest} leave?
- A10a Was the pay you received part of...
a. Your sick leave?
b. Your vacation leave?
c. Personal leave?
d. Parental leave?
e. Temporary disability insurance?
f. Some other benefit?

- A10b OVERLAY What benefit is that? [RECORD BENEFIT VERBATIM; 135 CHARACTERS/3 LINES]
- A10c Did you receive your full pay for the entire time you were on {[your longest]} leave?
- A10d Did you receive at least some pay for each pay period that you were on {[your longest]} leave?
- A10e When you received this pay, was it for your full salary or only for part of your salary?
- A10f Over the entire time you were on {[your longest]} leave, about how much of your usual pay did you receive in total? Would you say...
- A11 In order to cover lost wages or salary during the leave, did you...
- a. Use savings that you had earmarked for this situation?
 - b. Use savings earmarked for something else?
 - c. Borrow money to cover lost wages?
 - d. Go on public assistance?
 - e. Limit extras?
 - f. Put off paying your bills?
 - g. Cut your leave time short?
 - h. Do anything else? (SPECIFY)____(35 CHAR)_____
- A11b How easy or difficult was it for you to make ends meet during your {[longest]} leave? Would you say...
- A11c If you had received {some/additional} pay, would you have taken leave for a longer period of time?
- A12 Would you say using family and medical leave had a positive effect or no effect at all on...
- a. Your ability to care for family members?
 - b. Your ability to select a satisfactory childcare provider?
 - c. Your ability to select a satisfactory caretaker for a sick family member?
 - d. Your or your family member's physical health?
 - e. Your or your family member's emotional well-being?
- A13 Which effects did your family and medical leave have on your or your family member's physical health? Would you say...
- a. A quicker recovery time
 - b. It was easier to comply with doctor's instructions
 - c. It delayed or avoided need to enter nursing home or other long-term care facility, or
 - d. Was there another effect (SPECIFY)?__(35 CHAR)

A14 Now I'm going to ask you some questions about how your work was covered while you were away on your leave. By cover your work, we mean what your employer did while you were away on leave to make sure that the work you usually did was completed. Did your employer:

- a. Cover your work by assigning it to other employees?
- b. Hire a permanent employee?
- c. Hire an outside temporary worker?
- d. Leave your work for you when you returned?

A14a Which method was used most often?

A15 After your leave ended, did you go back to work for the same employer, a new employer, or did you not return to work at all?

A15a Why didn't you return to work?

A16 Was a reason you returned to work because you no longer needed to be on leave

A17 Was a reason you returned to work because...

- a. You could not afford financially to take more time off?
- b. You just wanted to get back to work?
- c. You used up all the leave time you were allowed?
- d. You felt pressured by your boss or co-workers to return?
- e. You had too much work to do to stay away longer?
- f. Someone else took over care?

A18 After your leave, did you return to the same or an equal position, a higher position, or a lower position than you had before the leave?

A18a Did you choose to take a lower position or did your employer ask you to take a lower position?

A19 Now I'm going to ask you some questions about your feelings regarding your leave. How easy or difficult was it to get your employer to let you take time off? Would you say it was...

- A20 How satisfied were you with the amount of time you took off? Would you say you were...
- A21 Since January 1, 1999, have you ever been denied leave to take care of family or medical problems?
- A22 Were you denied leave...
- a. Because your employer does not offer family or medical leave?
 - b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave?
 - c. Because you had worked too few hours in the previous year?
 - d. Because you had no leave left?
 - e. For other reasons? (SPECIFY)____(90 CHAR)_____
- B1 I want to confirm with you that since January 1, 1999 you wanted to take leave from work but did not for an event in your family such as:
- the arrival of a newborn, newly adopted or new foster child;
 - reasons related to your or a family member's pregnancy;
- or
- the serious health condition of yourself, your child, spouse, or parent. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.
- Is that correct? [Have you wanted but not taken leave from work for one or more of these reasons?]
- B1a Did you actually take leave since January 1, 1999 for any of the events I just described?
- B1b Was there an event like this since January 1, 2000?
- B2 {Thinking of the times you needed leave since January 1, 1999, what/What} were the reasons you needed to take leave from work? [CODE UP TO 4 RESPONSES]

- a. You thought you might lose your job?
- b. You thought you might hurt your job advancement?
- c. You didn't want to lose your seniority?
- d. You weren't eligible because you only worked part-time?
- e. You hadn't worked for your employer long enough to be eligible?
- f. Your employer denied your request?
- g. You couldn't afford to?
- h. You wanted to save your leave time?
- i. Your work is too important? or
- j. Was there some other reason you didn't take leave (SPECIFY/35)

- B3a If you had received some or additional pay, would you have taken leave?
- B4 Since you did not take leave, what did you do to take care of your situation? [RECORD RESPONSE VERBATIM; 135 CHARACTERS/3 LINES]
- C0a I want to confirm with you that since January 1, 1999, you have not taken or needed to take a leave from work:
 - for the care of a newborn, newly adopted or new foster child;
 - for reasons related to your or a family member's pregnancy; or
 - for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.
Is this correct? [You have not needed or taken leave from work for any of these reasons?]
- C0 Have you been employed at all since January 1, 1999?
- C1 Do you currently take care of a newborn, newly adopted or new foster child, or a relative with a serious health condition on a daily basis?
- C1a Whom do you care for? [CODE UP TO 3 RESPONSES]
- C1a/7 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- C1a/8 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?

- C1d For the next question, please think about time you took off from work since January 1, 1999, because you were sick. What was the largest number of sick days in a row that you took off from work in this time period?
- C1e Earlier we discussed whether you had taken leave from work for a family or medical reason since January 1, 1999. Now think about the period from 1995 through 1998. During that time, did you take leave from work:
- for the care of a newborn, newly adopted or new foster child;
 - for reasons related to your or a family member's pregnancy; or
 - for yourself, your child, spouse, or parent because of a serious health condition? A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.
- C2 Over the next 5 years, how likely do you think it is that you will need to take a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the arrival of a newborn, newly adopted, or new foster child. Would you say it was...
- C2a Who do you think that person or persons will be? [CODE UP TO 4 RESPONSES]
- C2a/8 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- C2a/9 OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?
- C3 Have you ever heard about the federal Family and Medical Leave Act?
- C4 How did you first learn about the federal Family and Medical Leave Act?

- C5 {Please think about the most recent time you needed leave}. At the time you {took/took your longest/needed/most recently needed} leave, {do you think you were/Do you think you are} eligible to take advantage of the federal Family and Medical Leave Act?
- C6 Was the leave you just told me about taken under the federal Family and Medical Leave Act?
- C7 Prior to January 1, 1999, had you ever taken leave from a job under the federal Family and Medical Leave Act?
- C8 Are you currently employed?
- C9 At your place of employment, {is/was} there a notice posted that explains the federal Family and Medical Leave Act?
- C10 You told me earlier that you had been denied leave. Were you denied leave because you reached the FMLA limit of 12 weeks?
- C11 Please tell me whether you agree or disagree with the following statements:
a. Every employee should be able to have up to 12 weeks of unpaid leave in a year from work for family and medical problems
b. Having to provide employees with up to 12 weeks of unpaid leave in a year for family and medical problems is an unfair burden to employees' co-workers
- C11c Since January 1, 1999, have any co-workers where you work{ed} taken leave for family or medical reasons?
- C11d As a result of these co-workers taking leave, did you...
a. Work more hours than you usually do?
b. Work a shift that you do not normally work?
c. Take on additional duties?
- C11e Would you say that your co-workers taking leave had a positive impact on you, a negative impact on you, or neither?
- C12 I'm going to read a list of benefits that some employers offer to their employees. For each, please tell me if it {USE DISPLAY FROM PROGRAMMING NOTE}.

- C17 {{Since/During the time you were employed between} January 1, 1999 and the present, {have/had} you always been a full-time employee {except for the leave you just told me about}?
- C18 {Since/During the time you were employed between} January 1, 1999 and the present, how many hours per week did you work on average?
- C19 {DISPLAY FILL FROM PROGRAMMING NOTE}, for how many months from January 1, 1999 to the present did you work for that employer?
- C19a On average, how many hours a week did you work for that employer?
- D1 Are you currently...
-
- D2 Are you Spanish, Hispanic or Latino?
- D2b Please tell me which of the following best describes your race. Would you say...
-
- D3 How many of your own children under 18 years old do you have living with you?
- D4 What is the highest level of education you have completed?
-
- D5 {Were/Are} you employed by government, by a private company, a non-profit organization or {were/are} you self-employed?
- D5a Would that be the federal, state or local government?
-
- D6 To get a picture of people's financial situation we need to know the general range of income of all people we interview. Now, thinking about your total family income before taxes from all sources including your job {and your spouse's job}, how much did you receive in 1999?
- D6a Was your family income \$35,000 or more in 1999?

- D6b Was it \$40,000 or above?
- D6c Was it \$50,000 or above?
- D6d Was it \$75,000 or above?
- D6e Was it \$100,000 or above?
- D6f Was it \$30,000 or above?
- D6g Was it \$20,000 or above?
- D6h Was it \$10,000 or above?
- D6j Was it \$5,000 or above?

How many adults age 18 or over live in your household?
Let's start with you.

Now thinking about your telephone use, do you have a
working cell phone?

How many working cell phones do YOU personally have?

Thinking about the other adults in your household, how
many working cell phones in total do THEY have?

Is a cell phone your ONLY phone, or do you also have a
regular landline telephone at home?

How many different residential phone NUMBERS do you
have coming into your household, not including lines
dedicated to a fax machine, modem, or used strictly for
business purposes? Do not include cellular phones

Of all the telephone calls that you [or your family] receive,
are:

[FILL QS6 AX] has been selected as the respondent for
this survey. May I please speak to [FILL QS6 AX] for the
rest of the interview?

Was there an event like this IN THE LAST YEAR [12
MONTHS, INSERT DATE]?

For how many TOTAL reasons or conditions did you take
leave from work IN THE PAST YEAR, that is since
[INSERT 12 MONTH PERIOD]?

[IF QS8=9 FOR SELECTED RESPONDENT:]

What type of deployment-related issue did you need to address for this leave?

What was the age of your care recipient?

Was this leave taken in order to care for a member of the military for a service-related health condition or injury?

What is that person's relationship to you?

What was the nature of this health condition? Was it...

For this leave, in what month and year did you start taking time off?

How many separate blocks of time did you take off from work during your [longest/most recent] leave?

In what month and year did the last block of time for this leave begin?

In what month and year did this leave end?

To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [and you are currently on this leave/and it ended in QA17 MONTH QA17 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?

How much time was needed for the care for the military member?

In the last 18 months, did anyone else in your household take leave for the same reason you mentioned?

What is this person's relationship to you?

How much time in total did this person take off from work for the same reason you mentioned?

Regardless of whether or not you were concerned about any of the reasons I just mentioned, as a result of taking leave:

- a. Did you lose your job?
- b. Did you lose your seniority or potential for job advancement?
- c. Were you unable to afford an unpaid leave?
- d. Did you reveal personal information about yourself, your care recipient, or family relationships?
- e. Were you treated differently because of the reason you took leave?
- f. Were you able to maintain or pay for health insurance?
- g. Did you [FILL SPECIFY FROM QA22g]?

If your leave involved taking time off work multiple times for short periods, how important was this degree of flexibility to you and your family? Would you say....

Did your employer require medical certification for this leave?

Did you obtain medical certification for this leave?

Was your medical certification accepted on the first submission for this leave?

Why wasn't your medical certification accepted on the first submission? [SELECT ALL THAT APPLY]

Did your employer require multiple doctors visits - that is, a second or third opinion - to obtain your INITIAL medical certification?

How many physicians in TOTAL did you consult?

Did your insurance cover the cost of your medical certifications?

Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?

How much did you, personally, pay for your medical certification?

Did your employer require medical RE-CERTIFICATION?

Did you obtain medical re-certification for this leave?

Did your employer require multiple doctor visits - that is, a second or third opinion, to obtain your medical RE-certification?

How many physicians in TOTAL did you consult?

Did your insurance cover the cost of your medical RE-certification?

Did you pay out of your own pocket for your medical RE-certifications (for example, a co-pay or portion of the cost)?

How much did you, personally, pay for your medical RE-certification?

How much time did you need to take off from work in order to obtain medical certification?

How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?

Did you satisfy your employer's standard rules about taking time off?

Was receiving some of the pay as part of [FILL ITEMS FROM QA46 THAT EQUAL 1] your choice, did your employer require it, or both?

- a. Paid time off, or PTO
- b. Your sick days or sick leave
- c. Your vacation days or vacation leave
- d. Personal leave
- e. Maternity leave
- f. Paternity leave

Was the pay you received part of...

- a. Temporary disability insurance?
- b. State-paid family leave?
- c. State-paid disability leave?
- d. Some other benefit I haven't already mentioned?

Did your employer require you to take paid leave first, before taking any unpaid leave?

Did your employer require you to obtain fitness for duty certification before you returned to work?

[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

How many different times did you need leave but not take it, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

Were all the times you needed leave but did not take it since [INSERT 18 MONTH PERIOD] for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?

For how many TOTAL reasons or conditions did you need leave from work, but not take it, since [INSERT 18 MONTH PERIOD]?

What type of deployment-related issue did you need to address for this leave?

[IF QS8=9 FOR SELECTED RESPONDENT:]

What was the age of your care recipient?

Was this leave taken in order to care for a member of the military for a service-related health condition or injury?

What is that person's relationship to you?

How much time was needed to care for the military member?

What was the nature of this health condition for which you need to take this leave? Was it:

And how many different times did you need leave for this reason or condition, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

Were you ineligible because you only worked part-time?

Were you ineligible because you hadn't worked long enough for your employer?

When was the last time you were denied leave?

[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

[IF QS8=9 FOR SELECTED RESPONDENT:]

To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons?

- a. For the care of a newborn
- b. For an employee's own serious health condition
- c. For the care of a child with a serious health condition
- d. For the care of a spouse with a serious health condition
- e. For the care of a parent with a serious health condition
- f. For the care of a grandparent with a serious health condition
- g. For the care of a grandchild with a serious health condition
- h. For the care of a sibling with a serious health condition
- i. For the care of an adopted child with a serious health condition
- j. For the care of a military service member
- k. For reasons related to the deployment of a military service member

Does your employer have an attendance policy that includes penalties for absences?

[Were/Are] you a member of a labor union?

How many people over the age of 65 are in your care?

Do you consider yourself to be:

[Is your/Do you have a] [spouse/partner/spouse or partner] living outside of the household?

What is the age of your [spouse/partner/spouse or partner]?

Those are all the questions we have for you at this time. Can I please have your name and address so I can send you your check?

So that we can group households geographically, may I have your zip code?

Response Categories	DISPOSITION	2011 VARIABLE NAME
Residential	KEPT BUT CHANGED	S1, S3
YES 1 (BUSINESS COL.)		
NO..... 2 (S3A)		
PROBABLE BUSINESS 3 (BUSINESS COL.)		
ANSWERING MACHINEAM (READMSG)		
RETRY AUTODIALER RT (AUTODIALER)		
NONWORKING, DISCONNECTED CHANGED.....NW		
GO TO RESULT.....GT		
Business		
Home use..... 4 (S5)		
Home and business use, or 5 (S5)		
Business use only?..... 6 (THANK01)		
GO TO RESULT.....GT		
AVAILABLE 1 (S4)	KEPT	S2
NOT AVAILABLE..... 2 (RESULTS)		
THERE ARE NONE 3		
GO TO RESULT..... GT		
NO ONE LIVING IN HH IS 18 OR OLDER 1 (P20)	KEPT	S2
THERE ARE HH MEMBERS 18 OR OLDER 2		
GO TO RESULT..... GT	KEPT BUT CHANGED	INTRO1, INTRO2, S4
YES..... 1	DROPPED	
NO 2		
REFUSED -7		
DON'T KNOW..... -8		
YES..... 1	DROPPED	
NO 2		
REFUSED -7		
DON'T KNOW..... -8		
free text	KEPT BUT CHANGED	S4, S6, S7, S8

NUMBER OF HH MEMBERS IN MATRIX CORRECT KEPT S13
 1
 RETURN TO
 MATRIX 2 [RETURN
 TO MATRIX]
 GO TO
 RESULT.....GT

YES..... 1 KEPT BUT S7, S14
 NO 2 CHANGED
 REFUSED-7
 DON'T KNOW..... -8

MONTH |__| | [HR: 00-12] KEPT BUT S7
 YEAR |__| |__| | [HR: 1997-2000] CHANGED
 REFUSED -7
 DON'T KNOW -8

YES..... 1 KEPT BUT S9
 NO 2 CHANGED
 REFUSED-7
 DON'T KNOW..... -8

YES..... 1 KEPT BUT S11
 NO 2 CHANGED
 REFUSED-7
 DON'T KNOW..... -8

YES..... 1 KEPT BUT S12
 NO 2 CHANGED
 REFUSED-7
 DON'T KNOW..... -8

YES..... 1 KEPT BUT T1-T6
 NO 2 (BOX A) CHANGED
 NOT MY PHONE NUMBER..... 91

Home use, 1 KEPT BUT T1-T6
 Business and home use or..... 2 CHANGED
 Business use only?..... 3

n/a

KEPT

READMSG

n/a

KEPT

THANK01

n/a

KEPT

THANK02

SUBJECT SPEAKING/COMING TO
PHONE..... 1
SUBJECT LIVES HERE - NEEDS
APPOINTMENT 2
SUBJECT KNOWN LIVES AT ANOTHER
NUMBER 3
NEVER HEARD OF
SUBJECT..... 4
TELEPHONE COMPANY
RECORDING..... 5
ANSWERING
MACHINE..... AM
GO TO RESULT
CODES..... GT
RETRY
AUTODIALER
RT

KEPT BUT
CHANGED

HANDOFF1,
HANDOFF2,
HANDOFF3

n/a

KEPT

INTRO3, INTRO4,
INTRO5

YES=1
NO=2

KEPT BUT
CHANGED

A1

YES 1 [GO TO QB1b]
NO 2 [GO TO QC0]

KEPT BUT
CHANGED

B1

YES 1
NO 2

KEPT

A3

[SR: 00-08]
[HR: 00-20]

KEPT BUT
CHANGED

A4

[SR: 00-04]
[HR: 00-10]

DROPPED

OWN HEALTH CONDITION, EXCEPT MATERNITY-
RELATED ILLNESS 1

KEPT BUT
CHANGED

A5

[WOMEN ONLY] FOR MATERNITY-RELATED
DISABILITY, OR OTHER PREGNANCY-RELATED
AILMENT PRIOR TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED
DISABILITY AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE 4
TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION 12

DROPPED

DROPPED

DROPPED

	DROPPED	
GRANDCHILD 1 GRANDPARENT 2 SIBLING 3 OTHER (SPECIFY)__(35 CHAR)___ 91	KEPT	A6
DOMESTIC PARTNER 1 OTHER (SPECIFY)__(35 CHAR)___ 91	KEPT	A7
	KEPT BUT CHANGED	A11
YES 1 NO 2	KEPT BUT CHANGED	A12
_____ DAYS 1 WEEKS 2 MONTHS 3	DROPPED	
YES 1 [SKIP TO NEXT PROGRAMMING NOTE] NO 2	KEPT BUT CHANGED	A14
_____ DAYS 1 WEEKS 2 MONTHS 3	KEPT BUT CHANGED	A19
_____ DAYS 1 WEEKS 2 MONTHS 3 REFUSED -7 DON'T KNOW -8	DROPPED	
OWN HEALTH CONDITION, EXCEPT MATERNITY- RELATED ILLNESS 1 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY 2 [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN 3 [WOMEN ONLY] MISCARRIAGE 4 TO CARE FOR NEWBORN 5 TO CARE FOR NEWLY ADOPTED CHILD 6 TO CARE FOR NEWLY PLACED FOSTER CHILD 7 CHILD'S HEALTH CONDITION 8 SPOUSE'S HEALTH CONDITION 9 PARENT'S HEALTH CONDITION 10 OTHER RELATIVE'S HEALTH CONDITION 11 OTHER NON-RELATIVE'S HEALTH CONDITION 12	KEPT BUT CHANGED	A20, A5

DROPPED

DROPPED

DROPPED

DROPPED

GRANDCHILD 1
GRANDPARENT 2
SIBLING 3
OTHER (SPECIFY)__(35 CHAR)___ 91

KEPT A6

DOMESTIC PARTNER 1
OTHER (SPECIFY)__(35 CHAR)___ 91

KEPT A7

YES 1
NO 2 [SKIP TO QA4d]

KEPT BUT
CHANGED A11

YES 1
NO 2

KEPT BUT
CHANGED A12

|||
DAYS 1
WEEKS 2
MONTHS 3

DROPPED

YES 1 [SKIP TO NEXT PROGRAMMING NOTE]
NO 2

KEPT BUT
CHANGED A14

|||
DAYS 1
WEEKS 2
MONTHS 3

KEPT BUT
CHANGED A19

|||
DAYS 1
WEEKS 2
MONTHS 3

DROPPED

OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS 1
[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY 2
[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN 3
[WOMEN ONLY] MISCARRIAGE 4
TO CARE FOR NEWBORN 5
TO CARE FOR NEWLY ADOPTED CHILD 6
TO CARE FOR NEWLY PLACED FOSTER CHILD 7
CHILD'S HEALTH CONDITION 8
SPOUSE'S HEALTH CONDITION 9
PARENT'S HEALTH CONDITION 10
OTHER RELATIVE'S HEALTH CONDITION 11
OTHER NON-RELATIVE'S HEALTH CONDITION 12

DROPPED

YES 1
NO 2 [GO TO PROGRAMMING NOTE]

KEPT BUT
CHANGED A14

LESS THAN HALF 1
ABOUT HALF 2
MORE THAN HALF 3

DROPPED

YES 1
NO 2
YES 1
NO 2 [GO TO QC8]

KEPT BUT CHANGED A20
KEPT BUT CHANGED A21

YES 1
NO 2 [GO TO QC7]

DROPPED

KEPT BUT CHANGED A22

YES 1
NO 2

ALL AT ONCE 1 [GO TO QA9]
ALTERNATED 2
BOTH 3

DROPPED

REGULAR ROUTINE 1
AS NEEDED 2
YES 1
NO 2
DIDN'T HAVE ANY 3 [GO TO QA10]

DROPPED
COMBINED A44

HEALTH INSURANCE 1
LIFE INSURANCE 2
DISABILITY INSURANCE 3
PENSION CONTRIBUTIONS 4
OTHER (SPECIFY)__(35 CHAR)_____ 91

COMBINED A44

YES 1
NO 2 [GO TO QA11]

KEPT BUT CHANGED A45
KEPT BUT CHANGED A46, A48

YES 1
NO 2

	DROPPED	
YES 1 [GO TO QA12] NO 2	DROPPED	
YES 1 [GO TO QA10f] NO 2	DROPPED	
FULL 1 PART 2	KEPT BUT CHANGED	A49
Less than half, 1 About half, or 2 More than half? 3	KEPT BUT CHANGED	A50
	KEPT BUT CHANGED	A53
YES 1 NO 2		
Very easy, 1 Somewhat easy, 2 Neither easy nor difficult, 3 Somewhat difficult, or 4 Very difficult? 5	KEPT BUT CHANGED	A54
YES 1 NO 2	KEPT	A55
	KEPT BUT CHANGED	A56
POSITIVE 1 NO EFFECT 2		
	KEPT	A57, A58
YES 1 NO 2		

KEPT BUT
CHANGED A52

YES 1
NO 2

WORK ASSIGNED TO OTHER EMPLOYEES 1
PERMANENT EMPLOYEE HIRED 2
OUTSIDE TEMPORARY WORKER HIRED 3
EMPLOYER LEFT WORK FOR LEAVE WORK FOR
YOUR RETURN 4

DROPPED

SAME EMPLOYER 1 [GO TO QA16]
NEW EMPLOYER 2 [GO TO QA16]
NOT RETURN TO WORK 3

KEPT A59

OBTAINED OTHER INCOME SOURCE (SELF-
EMPLOYED) 1
HEALTH CONDITION CONTINUED (ILLNESS
CONTINUES) 2
LAID OFF / FIRED / REPLACED 3 [GO TO QA19]
DIDN'T WANT TO RETURN TO WORK 4
COULDN'T FIND CHILD CARE 5
Other (SPECIFY)__(35 CHAR)_____ 91

KEPT BUT
CHANGED A61

YES 1
NO 2
REFUSED -7
DON'T KNOW -8

COMBINED A62

YES 1
NO 2

KEPT and
COMBINED A62

SAME OR EQUAL POSITION 1 [GO TO QA19]
HIGHER POSITION 2 [GO TO QA19]
LOWER POSITION 3

KEPT BUT
CHANGED A63

CHOSE LOWER POSITION 1
EMPLOYER ASKED 2

KEPT BUT
CHANGED A64

Very easy, 1
Somewhat easy, 2
Neither easy nor difficult, 3
Somewhat difficult, or 4
Very difficult? 5

KEPT BUT
CHANGED A24

Very satisfied, 1
Somewhat satisfied, 2
Neither satisfied nor dissatisfied, 3
Somewhat dissatisfied, or 4
Very dissatisfied? 5

DROPPED

YES 1
NO 2 [GO TO QC1]

KEPT BUT
CHANGED,
COMBINED

B15d

KEPT BUT
CHANGED

B19

YES 1
NO 2

YES 1 [GO TO QB1b]
NO 2

KEPT BUT
CHANGED

B2

YES 1 [GO TO QA1d]
NO 2 [GO TO QC0]

DROPPED

YES 1
NO 2

KEPT BUT
CHANGED

B3

OWN HEALTH CONDITION, EXCEPT MATERNITY-
RELATED ILLNESS 1

KEPT BUT
CHANGED

B6

[WOMEN ONLY] FOR MATERNITY-RELATED
DISABILITY, OR OTHER PREGNANCY-RELATED
AILMENT PRIOR TO DELIVERY 2

[WOMEN ONLY] FOR MATERNITY-RELATED
DISABILITY AND TO CARE FOR A NEWBORN 3

[WOMEN ONLY] MISCARRIAGE 4
TO CARE FOR NEWBORN 5

TO CARE FOR NEWLY ADOPTED CHILD 6

TO CARE FOR NEWLY PLACED FOSTER CHILD 7

CHILD'S HEALTH CONDITION 8

SPOUSE'S HEALTH CONDITION 9

PARENT'S HEALTH CONDITION 10

OTHER RELATIVE'S HEALTH CONDITION 11

OTHER NON-RELATIVE'S HEALTH CONDITION 12

DROPPED

DROPPED

DROPPED

DROPPED

GRANDCHILD 1	KEPT BUT CHANGED	B7
GRANDPARENT 2		
SIBLING 3		
OTHER (SPECIFY)__(35 CHAR)___ 91		

DOMESTIC PARTNER 1	KEPT BUT CHANGED	B8
OTHER (SPECIFY)__(35 CHAR)___ 91		

	KEPT BUT CHANGED	B4
--	---------------------	----

OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS 1	COMBINED	B6
[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY 2		
[WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN 3		
[WOMEN ONLY] MISCARRIAGE 4		
TO CARE FOR NEWBORN 5		
TO CARE FOR NEWLY ADOPTED CHILD 6		
TO CARE FOR NEWLY PLACED FOSTER CHILD 7		
CHILD'S HEALTH CONDITION 8		
SPOUSE'S HEALTH CONDITION 9		
PARENT'S HEALTH CONDITION 10		
OTHER RELATIVE'S HEALTH CONDITION 11		
OTHER NON-RELATIVE'S HEALTH CONDITION 12		

	KEPT BUT CHANGED	B14
--	---------------------	-----

YES 1	KEPT BUT CHANGED	B12
NO 2 [GO TO QB2c FOR THE NEXT REASON OR SKIP TO QB3]		

YES 1	KEPT BUT CHANGED	B13
NO 2		

	KEPT BUT CHANGED	B15
--	---------------------	-----

YES 1
NO 2

YES 1
NO 2

DROPPED

KEPT BUT
CHANGED

B20

YES 1
NO 2 [GO TO QA1a]

KEPT BUT
CHANGED

C1

YES 1
NO 2

DROPPED

S9, E1

YES 1
NO 2 [GO TO QC1d]

DROPPED

NEWBORN 1
NEWLY ADOPTED 2
NEW FOSTER CHILD 3 [GO TO QC1d]
CHILD 4
SPOUSE 5
PARENT 6
OTHER RELATIVE 7
OTHER NON-RELATIVE 8

DROPPED

GRANDCHILD 1
GRANDPARENT 2
SIBLING 3
OTHER (SPECIFY)__(35 CHAR)___ 91

DROPPED

DOMESTIC PARTNER 1
OTHER (SPECIFY)__(35 CHAR)___ 91

DROPPED

|_|_|_|

DROPPED

YES 1
NO 2

DROPPED

ery likely, 1
Somewhat likely, 2
Somewhat unlikely, or 3
Very unlikely? 4 [GO TO QC3]

DROPPED

YOURSELF 1
NEWBORN 2
NEWLY ADOPTED 3
NEW FOSTER CHILD 4 [GO TO QC3]
CHILD 5
SPOUSE 6
PARENT 7
OTHER RELATIVE 8
OTHER NON-RELATIVE 9

DROPPED

GRANDCHILD 1
GRANDPARENT 2
SIBLING 3
OTHER (SPECIFY)____(35 CHAR)_____ 91

DROPPED

DOMESTIC PARTNER 1
OTHER (SPECIFY)__(35 CHAR)___ 91

DROPPED

YES 1
NO 2 [GO TO QC8]

KEPT E2

MEDIA (TV, NEWSPAPERS, ETC.) 1
CO-WORKERS 2
EMPLOYER GAVE OUT INFORMATION 3
POSTERS 4
INTERNET 5
FAMILY MEMBER 6
UNION GAVE OUT INFORMATION 7
OTHER (SPECIFY)____(35 CHAR)_____ 91

KEPT BUT CHANGED E3

YES 1
NO 2 [GO TO QC7]

DROPPED

YES 1
NO 2 [GO TO QC8]
YES 1
NO 2

DROPPED

DROPPED

YES 1
NO 2

KEPT E1

YES 1
NO 2

KEPT BUT
CHANGED E4

YES 1
NO 2

KEPT BUT
CHANGED B19

DROPPED

AGREE 1
DISAGREE 2

YES 1
NO 2

KEPT BUT
CHANGED E5

KEPT BUT
CHANGED E6

YES 1
NO 2

POSITIVE 1
NEGATIVE 2
NEITHER 3

DROPPED

KEPT BUT
CHANGED E7

YES 1
NO 2
DEPENDS ON CIRCUMSTANCES 3

FLEXTIME 1
FLEXPLACE/TELECOMMUTING 2
JOB SHARING 3
REFERRAL SERVICES FOR CHILD CARE 4
VOUCHERS FOR CHILD CARE 5
ONSITE CHILD CARE 6
REFERRAL SERVICES FOR ELDER CARE 7
ADOPTION ASSISTANCE 8
EMPLOYEE ASSISTANCE PROGRAM 9
PAID PARENTAL LEAVE 10
WORKPLACE PROVISION FOR LACTATION 11
REFUSED -7
DON'T KNOW -8

DROPPED

DROPPED

YES 1
NO 2
DEPENDS 3

YES 1
NO 2

DROPPED

YES 1
NO 2

DROPPED

SALARIED 1
HOURLY 2
PIECEWORK/COMMISSION 3
OTHER/COMBINATION 4

KEPT BUT CHANGED E9

YES 1
NO 2

KEPT BUT CHANGED E10

YES 1 [GO TO QC16]
NO 2

KEPT BUT CHANGED E11

YES 1 [GO TO QC16]
NO 2

KEPT BUT CHANGED E12

YES 1
NO 2

KEPT BUT CHANGED E12

YES 1
NO 2 [GO TO QC19]

KEPT BUT CHANGED E13

YES 1 NO 2	KEPT	D4b
YES 1 NO 2	KEPT	D4c
YES 1 NO 2	KEPT	D4d
YES 1 [GO TO END] NO 2	KEPT	D4e
YES 1 [GO TO END] NO 2	KEPT	D4f
YES 1 [GO TO END] NO 2	KEPT	D4g
YES 1 [GO TO END] NO 2	KEPT	D4h
YES 1 [GO TO END] NO 2	KEPT	D4j
[RANGE 1-11, 99 DK/REF SOFT REFUSAL]	NEW	S5
YES, HAVE CELL PHONE 1 NO, DO NOT HAVE A CELL PHONE 2 DK/REF 9	NEW	T1
RECORD NUMBER (1-6) DK/REF 9	NEW	T2
RECORD NUMBER (1-6) DK/REF 9	NEW	T3
CELL PHONE IS ONLY PHONE 1 HAVE LANDLINE TELEPHONE AT HOME 2 DK/REF 9	NEW	T4
RECORD NUMBER (1-6) DK/REF 9	NEW	T5
All or almost all calls received on cell phones 1 Some received on cell phones and some on regular phones 2 Very few or none on cell phones? 3 DK/REF 9	NEW	T6
YES/PHONE HANDED OFF 1 NOT AVAILABLE 2 ALTERNATE NUMBER PROVIDED 3 DK/REF 9	NEW	HANDOFF1
YES 1 NO 2 DK 8 REF 9	NEW	A2
RANGE: 0-100 DK 888 REF 999	NEW	A4a
MALE 1 FEMALE 2 DK 9	NEW	GUESSGENDER1

Events or activities sponsored by the military before deployment 1	NEW	A5a
Childcare or school activities 2		
Financial or legal arrangements 3		
Non-medical counseling 4		
Short-notice deployment 5		
Events or activities sponsored by the military after the military member returned 6		
Issues arising from the death of a military member 7		
OTHER 8		
DK 98		
REF 99		

0-1 YEARS 1	NEW	A8
2-17 YEARS 2		
18-40 YEARS 3		
41-59 YEARS 4		
60-69 YEARS 5		
70-79 YEARS 6		
80-89 YEARS 7		
90 OR OLDER 8		
DK (VOL) 98		
REF (VOL) 00		

YES 1	NEW	A9
NO 2		

SPOUSE 1	NEW	A9a
PARENT 2		
SON OR DAUGHTER 3		
NEXT OF KIN 4		
OTHER 5		
DK 8		
REF 9		

A one-time health matter, such as appendicitis or injury; 1	NEW	A10
The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or 2		
An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? 3		
OTHER (SPECIFY): 4		
DK 8		
REF 9		

ENTER MONTH [RANGE: 1-12]	NEW	A13
ENTER YEAR [RANGE 2009-2011]		
[RANGE: 1-100]	NEW	A15

ENTER MONTH [RANGE: 1-12]	NEW	A16
ENTER YEAR [RANGE 2009-2011]		

ENTER MONTH [RANGE: 1-12]	NEW	A17
ENTER YEAR [RANGE 2009-2011]		

YES 1
NO 2
DK 3
REF 9

NEW

A18

HOURS [RANGE: 1-500]
DAYS [RANGE: 1-500]
WEEKS [RANGE: 1-100]
MONTHS [RANGE: 1-24]
DK/REF 9

NEW

A19a

YES 1
NO 2
DK 3
REF 9

NEW

A19b

Spouse 1
Unmarried partner 2
Parent 3
Child 4
Sibling 5
Aunt or Uncle 6
Son- or Daughter-in-law 7
Father- or Mother-in-law 8
Grandchild 9
Grandparent 10

NEW

A19c

HOURS [RANGE: 1-500]
DAYS [RANGE: 1-500]
WEEKS [RANGE: 1-100]
MONTHS [RANGE: 1-24]
DK/REF 9

NEW

A19d

NEW

A23

YES 1
NO 2
DOES NOT APPLY 3
DK 8REF 9

Very important 1 Important 2 Somewhat important 3 Not important 4 DK (VOL) 8 REF (VOL) 9	NEW	A25
YES 1 NO 2 DK 8 REF 9	NEW	A26
YES 1 NO 2 DK 8 REF 9	NEW	A27
YES 1 NO 2 DK 8 REF 9	NEW	A28
1. Insufficient information 2. Physician not accepted 3. Condition not accepted 4. Submission not considered timely 5. OTHER (SPECIFY) 8. DK (VOL) 9. REF (VOL)	NEW	A29
YES 1 NO 2 DK 8 REF 9	NEW	A30
Range: 2-5	NEW	A31
YES 1 NO 2 DK 8 REF 9	NEW	A32
YES 1 NO 2 DK 8 REF 9	NEW	A33
RANGE: 0-10,000 DK - 88888 REF = 99999	NEW	A34
YES 1 NO 2 DK 8 REF 9	NEW	A35
YES 1 NO 2 DK 8 REF 9	NEW	A35a

YES 1 NO 2 DK 8 REF 9	NEW	A36
Range: 2-5 YES 1 NO 2 THERE WAS NO COST 3 DK 8 REF 9	NEW NEW	A37 A38
YES 1 NO 2 DK 8 REF 9	NEW	A39
RANGE: 0-10,000 DK - 88888 REF = 99999	NEW	A40
HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] DID NOT TAKE EXTRA TIME OFF 4 DK 8 REF 9	NEW	A41
HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] MONTHS [RANGE: 1-24] DID NOT PROVIDE NOTICE BEFORE LEAVE 5 DK 8 REF 9	NEW	A42
YES 1 NO 2 DK 8 REF 9	NEW	A43
	NEW	A47
EMPLOYEE'S CHOICE 1 REQUIRED BY EMPLOYER 2 BOTH 3 DK 8 REF 9		
	NEW	A48
YES 1 NO 2 DK 8 REF 9		
YES 1 NO 2 DK 8 REF 9	NEW	A51

YES 1 NO 2 DK 8 REF 9	NEW	A60
YES/PHONE HANDED OFF 1 NOT AVAILABLE 2 ALTERNATE NUMBER PROVIDED 3 DK/REF 9	NEW	HANDOFF2
RANGE: 1-100 DK (VOL) 888 REF (VOL) 999	NEW	B5
SAME 1 DIFFERENT 2 DK 8 REF 9	NEW	B5a
RANGE: 1-100 DK (VOL) 888 REF (VOL) 999	NEW	B5b
Events or activities sponsored by the military before deployment 1 Childcare or school activities 2 Financial or legal arrangements 3 Non-medical counseling 4 Short-notice deployment 5 Events or activities sponsored by the military after the military member returned 6 Issues arising from the death of the military member 7 OTHER 8 DK 98 REF 99	NEW	B6a
MALE 1 FEMALE 2 DK 9	NEW	GUESSGENDER2
0-1 YEARS 1 2-17 YEARS 2 18-40 YEARS 3 41-59 YEARS 4 60-69 YEARS 5 70-79 YEARS 6 80-89 YEARS 7 90 OR OLDER 8 DK (VOL) 98 REF (VOL) 00	NEW	B9
YES 1 NO 2	NEW	B10
SPOUSE 1 PARENT 2 SON OR DAUGHTER 3 NEXT OF KIN 4 OTHER 5 DK 8 REF 9	NEW	B10a

HOURS [RANGE: 1-500] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DK/REF 9	NEW	B10b
A one-time health matter, such as appendicitis or injury; 1 The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or 2 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? 3 OTHER (SPECIFY): 4 DK 8 REF 9	NEW	B11
[RANGE: 1-100] DK 888 REF 999	NEW	B14a
YES 1 NO 2 DK 8 REF 9	NEW	B16
YES 1 NO 2 DK 8 REF 9	NEW	B17
1. In the last month, 2. In the last year, or 3. In the last 18 months 8 DK (VOL) [NOTE: TRAINING NOTE, RECALL] 9 REFUSED (VOL)	NEW	B18
YES/PHONE HANDED OFF 1 NOT AVAILABLE 2 ALTERNATE NUMBER PROVIDED 3 DK/REF 9	NEW	HANDOFF3
MALE 1 FEMALE 2 DK 9	NEW	GUESSGENDER3
	NEW	E4a

YES 1
NO 2
DK 8
REF 9

YES 1
NO 2
DK 8
REF 9

NEW E8

YES 1
NO 2
DK 8
REF 9

NEW D3

ENTER RANGE 0-7; 7=7 OR MORE]
DK 8
REF 9

NEW D8

1. Heterosexual or straight
2. Gay or lesbian
3. Bisexual
4. SOMETHING ELSE
8. DK
9. REF

NEW D9

YES 1
NO 2
DK 8
REF 9

NEW D11

ENTER AGE [RANGE 8-100]
DK 888
REF 999

NEW D12

YES 1
NO 2

NEW END1

RANGE: 00000-99999
DK 999998
REF 999999

NEW ZIP

NOTES

S3 for cell phones

Text has been split up between
INTROs and S4; revised wording

Questions now in a matrix (name,
age, gender). Revised question
wording.

Revised question wording

S7: asks age rather than if 18 years or older

Ask age rather than month and year of birth

Revised language and incorporated into matrix of household member questions

Reference period changed to the last 18 months; revised question wording.

Reference period changed to the last 18 months; revised question wording.

New telephone usage questions

New telephone usage questions

Revised question wording and
response categories

Revised wording

Changed reference period (last 18 months) and revised language for reasons for leave. Also added care for military member reason.

Moved to section B (Leave Needers). Changed reference period (last 18 months) and revised language for reasons for leave. Also added care for military member reason.

Revised language and reference period (last 18 months)

Revised language and reference period (last 18 months); added new response categories; first loop asks about longest leave and second loop asks about most recent leave

Nature of health condition asked in new A10

Nature of health condition asked in new A10

Nature of health condition asked in new A10

Nature of health condition asked in
new A10

Added a response category
(Aunt/Uncle)

Revised/added response categories

Revised language

Revised language

Incorporated into new A13, A16, and
A17

Revised language

Revised language; added response
category for Hours

Revised into A5- loop for most recent
leave.

Nature of health condition asked in
new A10

Nature of health condition asked in
new A10

Nature of health condition asked in
new A10

Nature of health condition asked in
new A10

Added a response category
(Aunt/Uncle)

Revised/added response categories

Revised language

Revised language

Incorporated into new A13, A16, and
A17

Revised language

Revised language; added response
category for Hours

Revised language

Revised question wording

Revised language so question doesn't specifically mention FMLA; new response categories

FMLA leave designation/eligibility determined by responses to S11 and S12

Revised language and added new categories

Covered in A14

Combined A9 and A9a. Revised question so it only asks about health insurance. Added new response categories

Combined A9 and A9a. Revised question so it only asks about health insurance. Added new response categories

Refers to most recent leave instead of longest

Added benefit categories; e. temporary disability insurance removed and asked in new A48 with other types of paid leave

Revised language

Revised language; refers to most recent leave instead of longest; added response categories

Slightly revised wording in item c

Refers to most recent leave instead of longest

Added language based on new response category. Added response category; revised wording in items c-e

Revised question wording.
Revised wording in all items.
Added new item

Revised language for response categories

Added new categories

Combined with old A17

Combined with old A16. Revised wording in item f; added new items

Revised language and response categories

Revised language and response categories

Revised language

Incorporated into old B3 loop

Added new categories; revised wording in item d

Added new reason for care of military member; reference period changed to last 18 months

Reference period changed to last 12 months

Added new response options; asked for up to 3 reasons

Nature of health condition asked in new B11.

Nature of health condition asked in new B11.

Nature of health condition asked in new B11.

Nature of health condition asked in new B11.

Added new response option (Aunt/Uncle)

Revised/added response options

Changed reference period to last 18 months

Combined with old B2

Revised language

Revised language

Revised language

Added new categories and removed d and e ineligible categories to new separate questions (B16-B17).

Revised question from free text to ask specific categories

Added new reason for care of military member; reference period changed to last 18 months

Ask about employment status in S9 and E1

Moved to Employment Section

Revised question language, dropped internet category, revised item 3 and added an item

Refers to current place of
employment only

Question does not specify FMLA limit
of 12 weeks. Changed to: Denied
because you used up all the leave
time you were allowed

Changed reference period to last 18
months

Added new item

Revised question language. Dropped
D-I and added new items

Revised question language; refers to current place of employment only

Read in present tense only

Refers to current place of employment only

Old C15a and C15b combined into new question with numeric response ranges

Old C15a and C15b combined into new question with numeric response ranges

Changed reference period to last 12 months

Changed reference period to last 12 months

Changed reference period to last 12 months

Revised language

Revised language; changed order of response categories

Revised language

Split #3 into 2 response categories

Revised language and incorporated into matrix of household member questions

Added transition statement

Revised language and reference period

military member's relationship to the
respondent

military member's relationship to the
respondent

From original B3

From original B3

rather than asking each respondent all 11 items, 4 items will be subsampled per respondent (one of which will come from the "false" items and one of which will come from the military-related items)